

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

10671089

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2		1					52								
3		1					53								
4		2					54								
5		2					55								
6							56								
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43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	1						TOTAL IND.								
TOTAL DEP.	6						TOTAL DEP.								
TOTAL CLAIMS	7						TOTAL CLAIMS								